# PERCEPTIONS OF POSITIVE ATTITUDES TOWARD PEOPLE WITH SPINAL CORD INJURY

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# ABSTRACT

The aim of the present study was to identify differences in perceptions of positive attitudes toward persons with SCI (spinal cord injury). The four groups surveyed included 35 people with SCI, 27 rehabilitation workers from a spinal injuries rehabilitation unit in Auckland, 16 rehabilitation workers from a hospital rehabilitation unit in Palmerston North, and 37 people from the general population. Participants completed the Modified Issues in Disability Scale -Transitional Version (Makas, 1993), adjusted slightly for the purpose of the study. The people with SCI were considered the judges of what a positive attitude consisted of, and scored higher on the measure than all other groups. The results showed that the Auckland rehabilitation workers and the general population group differed significantly from the people with SCI in their perceptions of positive attitudes, whereas the Palmerston North rehabilitation workers did not. Age and ethnic identity were significantly related to perceptions of attitudes, with younger adults and Europeans being more aware of positive attitudes than older adults and non-Europeans. Professionally trained rehabilitation workers had a greater awareness than inservice trained workers of what constituted a positive attitude toward people with SCI. The results indicated a lack of awareness among rehabilitation workers and the general population about what constitutes a positive attitude toward people with SCI. Recommendations for future research and practical suggestions for improving awareness were made.

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# CHAPTER 1

# INTRODUCTION

Spinal cord injury (SCI) may cause permanent motor paralysis below the level of injury with a corresponding loss of sensation. This may take the form of lower body paralysis (paraplegia), or paralysis of both lower and upper portions of the body (quadriplegia or tetraplegia) (Zejdlik, 1992).

In New Zealand the majority of all spinal injuries occur between the ages of 15 and 29 and about 71 percent of people with spinal injury are male (Hood & Woods, 1993). Just over half are caused by motor accidents, with swimming and rugby being the major contributors to sporting injuries (Otara Spinal/ Rehabilitation Unit, 1992).

Spinal cord injuries are about twice as common in New Zealand as in The United States (Spinal Cord Society of New Zealand, 1992). The New Zealand annual rate of 77 people per million, according to the Spinal Cord Society of New Zealand (1992), compares with estimates of from 28 to 50 per million in the United States. Therefore, adjustment to life with SCI is an important issue for many New Zealanders.

Overseas findings have indicated that this adaptation or adjustment process depends upon several factors, one of the most important being the attitudes and behaviours of the society in which the person lives (Gething, 1992a). In particular, the attitudes of rehabilitation professionals toward people with disabilities are seen as the most important contributors to the self-concept and rehabilitation outcome of people with spinal cord injury (Deloach & Greer, 1981; Gething, 1992a; Gething, 1992b; Sadlick & Penta, 1975; Trieschmann, 1988; Wright, 1983). Rehabilitation workers' attitudes often indicate to people with spinal injury the extent to which they are expected to be active and independent (Crisp, 1987). This occurs at a time when they are very vulnerable and in the process of questioning their identity after being injured (Trieschmann, 1988).

However, evidence suggests that people with and without disabilities differ in their perceptions of what constitutes a positive attitude toward persons with disabilities (Makas, 1988). Hence, attitudes which are considered positive by the professional may be experienced as negative and disempowering by the injured person.

To date no systematic attempt has been made in New Zealand to investigate rehabilitation professionals' **perception** of positive attitudes toward people with spinal injury, or to ask people with SCI what they consider to be a positive attitude toward them. The present research aims to fill this gap in the rehabilitation literature and was carried out in Auckland, Wellington, and in the Manawatu.

For the purposes of the present study attitudes and positive attitudes need to be defined and their measurement discussed. This is outlined in the next section.

**What are attitudes and why is it important to study them?**

According to Triandis (1971), attitudes are ideas charged with emotion which predispose a class of actions to a particular class of social situation. This suggests that attitudes have three components: A cognitive component, which consists of categories of stimuli (such as objects or people) used by people in thinking and the relationships between these categories, and an affective component, which involves the emotion associated with the stimuli included in a particular category. The third component is a behavioural component, which is made up of a predisposition to action, such as seeking or avoiding contact with stimuli in a particular category (Triandis, 1971).

Attitudes serve many functions for individuals. These include helping them to understand the complex world around them, to defend their self-image, and express their personal values (Katz, 1960). Large groups of people with similar attitudes determine the way society defines and values particular groups of people or objects. This may lead to behaviours such as for example, the exploitation and oppression of minority groups in society (Jones, Farina, Hastorf, Markus, Miller & Scott, 1984).

The present study uses the conceptualization of positive and negative attitudes proposed by Wright (1983). Wright (1983) describes positive attitudes toward persons with disabilities as those which emphasize abilities and coping, and which recognize the disability as only one aspect of a multifaceted life. In contrast, negative attitudes focus on succumbing to disability, emphasizing what a person cannot do, and viewing the disability as the central and overriding characteristic of a person (Wright, 1983). Wright's definitions seem to capture what are considered to be positive and negative attitudes in New Zealand today. Attitudes that empower people with disabilities are generally considered positive, while those that are disempowering and emphasize dependency are considered to be negative (Saviola, 1981).

It is important to note that the empowerment of people with disabilities was not always considered to be positive, as attitudes and perceptions of positive attitudes have changed over time. Attitudes toward persons with disabilities seem to have gone through the three phases suggested by Etherington (1990), which have occurred in many nations (Ford, 1981; Gething, 1992c; Treffers, 1991), including New Zealand (Hunt, 1988). In the first phase people with disabilities were seen as helpless and their disabilities as deserved (DuBrow, 1965; Gething, 1992c; Sullivan, 1991). This was followed by a phase early in the nineteenth century in which disability was treated as an individual medical problem. For this reason specialized institutions were set up to care for people with disabilities who began to be treated by the public as objects of charity (Llewellyn, 1983; Sullivan, 1991). In the next phase of this development people with disabilities challenged the assumptions of phase one and two. They questioned their role as passive recipients of help and institutional care and endorsed the view that the greatest barriers to empowerment and community living were the attitudes and beliefs prevalent in the population (Etherington, 1990; Gething, 1992c; Llewellyn, 1983; Treffers, 1991).

The history of attitudes toward people with disabilities demonstrates how attitudes have changed, depending on the time period, culture and society in which people live. Hence, attitudes are not present at birth, but they are learned from others throughout life, and therefore they can be changed.

For this reason the study of attitudes toward people with disabilities is very important, as an understanding of such attitudes may help determine the conditions, techniques and educational programmes that are needed in order to change them (Katz, 1960).

A crucial step in attitude research involves determining the selection of an appropriate measurement instrument. This selection process will be discussed in the next section.

**The measurement of attitudes toward people with disabilities**

One of the first researchers to measure attitudes in the United States was L. L. Thurstone (1928). Thurstone argued that attitudes toward a particular object could be measured on a single continuum ranging from most favourable or positive to most unfavourable or negative. Following this and other efforts researchers began to investigate attitudes toward people with disabilities.

The adequacy of many of the instruments used between 1930 and the early 1960s, however, is difficult to assess since many of them did not attempt to ascertain or did not report reliability or validity data (Yuker, Block & Younng, 1970). None of these instruments were designed for use with both the non-disabled and people with disabilities, and most referred to specific disabilities such as blindness, deafness, and mental illness (Yuker, Block & Younng, 1970).

In the early 1960s, with a growing emphasis on 'helping' underprivileged groups (Llewellyn, 1990), the focus shifted to studying attitudes toward people with physical disabilities in general. The most widely used and studied measure of attitudes toward people with disabilities was published at this time. This was the original Attitude Toward Disabled Persons (ATDP) Scale developed by Yuker, Block and Campbell (1960, cited in Antonak & Livneh, 1988). Limitations were identified in the ATDP Scale, however, which included its unidimensional nature (in that attitude scores existed on an affective continuum ranging from positive to negative), and failure to investigate attitudes toward specific disabilities. Researchers attempted to meet these shortcomings

by developing improved measures of attitudes, such as the Disability Factor Scales (DFS) which were developed by Siller (1969, cited in Antonak & Livneh, 1988).

The mid 1970s was the start of the movement to integrate children and adults with disabilities into public schools, jobs and homes in the community. The attitudes of teachers, neighbours, and employers were recognized as possible barriers to complete integration and acceptance of people with disabilities and, as a result, researchers constructed scales to measure the attitudes of these particular groups toward people with disabilities (Antonak & Livneh, 1988). The present study is concerned with attitudes of rehabilitation workers which, according to the literature, have a limiting effect on people with disabilities (Deloach & Greer, 1981; Gething, 1992c; Roush, 1986; Trieschmann, 1988).

The number of investigations of attitudes toward people with disabilities increased greatly through the 1980s and the measurement literature was reviewed by many researchers (e.g. Altman, 1981; Antonak & Livneh, 1988). This movement was influenced by the International Year for Disabled People in 1981, which identified among other concerns that the attitudes of nondisabled people were major barriers in the lives of people with disabilities (Etherington, 1990).

In the mid 1980s Makas developed the original Modified Issues in Disability Scale (MIDS-O) from a pool of items which were selected from such widely used measures as the ATDP (Yuker, Block & Campbell, 1960 cited in Antonak & Livneh, 1988) and the DFS (Siller, 1969 cited in Antonak & Livneh, 1988). Other items were designed by Makas to reflect changes in attitudes toward people with disabilities over the middle and late 1980s. In 1993 a revised version, the MIDS-R was published. As Makas believed that any appropriate attitude scale needed to reflect changes over time in attitudes toward people with disabilities, she then developed the MIDS-T scale (Makas, 1993). This scale contains all items of the MIDS-O and the MIDS-R and some additional items (for details refer to Method section). The unique feature of these scales is that people with disabilities were included in their development and were asked to judge what they considered a positive attitude towards them to be.

This involvement of people with disabilities in research which concerns them has become a major issue in attitude research. Historically research has looked at interactions between people with disabilities and non-disabled people primarily from the point of view of the non-disabled person. Such a methodology, argues Makas (1988) reinforces the view that people with disabilities are passive recipients of social interaction, rather than active social negotiators in interactions with non-disabled people. For this reason, Makas' scale, the MIDS-T, was selected as an appropriate measure for the present research.

Current research in attitudes toward people with disabilities has been divided into the three general approaches of picture ranking, sociometric methods, and paper and pencil survey methods (Altman, 1981). The MIDS-T scale (Makas, 1993) is an opinion survey, which is a direct method of attitude measurement in which the respondent is aware of the purpose of the research (Antonak, 1988).